Case 19-16298-mdc Doc 20 Filed 11/11/19 Entered 11/11/19 15:52:46 Desc Main

| | | 200 = 0 | Document | Page 1 of 21 | | 2 000 | |
|---------------------|---|-----------------------|--|--|---------------------------------------|---|--|
| Fill in this i | nformation to identify | your case and th | is filing: | | | | |
| Debtor 1 | Lauren M. H | | | | | | |
| Debtor 2 | First Name | Middle | Name | Last Name | | | |
| Spouse, if filing | First Name | Middle | Name | Last Name | | | |
| Jnited State | es Bankruptcy Court for | the: EASTERN | DISTRICT OF PENN | ISYLVANIA | | | |
| Case numbe | er 19-16298 | | | _ | | ☐ Check if this is an amended filing | |
| Official | Form 106A/E | . | | | | | |
| Sched | lule A/B: Pı | operty | | | | 12/15 set in the category where you | |
| □ No. Go t | | uitable interest in a | ny residence, building | յ, land, or similar property? | | | |
| 1.1 450 W | listoria Avo | | What is the propert | | | | |
| | 450 Wisteria Ave. Street address, if available, or other description | | Duplex or multi-unit building the am | | the amount of any s | deduct secured claims or exemptions. Put ount of any secured claims on Schedule D: ors Who Have Claims Secured by Property. | |
| Readi | | 19606-0000 | Land | d or mobile home | Current value of the entire property? | portion you own? | |
| City | State | ZIP Code | ☐ Investment p ☐ Timeshare ☐ Other | | (such as fee simp | re of your ownership interest e, tenancy by the entireties, or | |
| | | | Who has an interes | st in the property? Check one | a life estate), if kno | own. | |
| Berks | 3 | | Debtor 2 only | | | | |
| County | | | _ | Debtor 2 only of the debtors and another | Check if this is (see instructions) | s community property | |
| County | | | 041 | | | | |
| County | | | Other information y property identificat | you wish to add about this iter ion number: | n, such as local | | |
| county | | | property identificat | | | | |
| 000 | | | property identificat Debtor purchas | ion number: | 6 for \$142,000 | 0.70 | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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| Debtor 1 Lauren M. Herring | | Case number (if known) | 19-16298 |
|---|---|-------------------------------|--|
| 3. Cars, vans, trucks, tractors, sport utility | vehicles, motorcycles | | |
| □ No | • | | |
| ■ Yes | | | |
| _ 103 | | | |
| 3.1 Make: Toyota | Who has an interest in the property? Check one | | ed claims or exemptions. Put |
| Model: Camry | ■ Debtor 1 only | | ecured claims on Schedule D: Claims Secured by Property. |
| Year: 2011 | Debtor 2 only | Current value of the | e Current value of the |
| Approximate mileage: 120,000 | | entire property? | portion you own? |
| Other information: | At least one of the debtors and another | | |
| | ☐ Check if this is community property (see instructions) | \$2,500.0 | \$2,500.00 |
| | own for all of your entries from Part 2, including te that number here | | \$2,500.00 |
| | | | |
| Part 3: Describe Your Personal and Household | | | Comment value of the |
| Do you own or have any legal or equitable | interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Household goods and furnishings Examples: Major appliances, furniture, line □ No ■ Yes. Describe | ens, china, kitchenware | | |
| household go | oods | | \$1,500.00 |
| 7. Electronics Examples: Televisions and radios; audio, voincluding cell phones, cameras □ No ■ Yes. Describe | video, stereo, and digital equipment; computers, pr , media players, games | inters, scanners; music coll | lections; electronic devices |
| electronics | | | \$300.00 |
| 8. Collectibles of value | gs, prints, or other artwork; books, pictures, or othe collectibles | r art objects; stamp, coin, o | r baseball card collections; |
| 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, musical instruments No Yes. Describe | and other hobby equipment; bicycles, pool tables, | golf clubs, skis; canoes an | d kayaks; carpentry tools; |
| | | | |
| 10. Firearms | unition, and related equipment | | |

Official Form 106A/B Schedule A/B: Property page 2

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| Debtor 1 | Lauren M. He | erring | | | Case number (if known) | 19-16298 |
|----------------------------|---------------------------|----------------------|---------------------|--------------------------------------|-------------------------------|--|
| ☐ Yes. | . Describe | | | | | |
| 11. Clothe | es | | | | | |
| _Exam | | othes, furs, leather | r coats, designer | wear, shoes, accessories | | |
| □ No | . Describe | | | | | |
| — 165. | . Describe | | | | | |
| | | clothing | | | | \$300.00 |
| | | | | | | |
| 12. Jewel ı Exam | | welry, costume jev | welry, engageme | ent rings, wedding rings, heirloom | jewelry, watches, gems, g | old, silver |
| □ No | , , , , , | • | ,, 0 0 | | , ,, ,, | , |
| Yes. | . Describe | | | | | |
| | | misc. costum | ne jewelry | | | \$75.00 |
| | | | | | <u> </u> | |
| | arm animals | | | | | |
| Exam _i ■ No | ples: Dogs, cats, b | oirds, horses | | | | |
| | . Describe | | | | | |
| 14 Any of | thar parsonal and | d household item | ne vou did not s | already list, including any healtl | n aide vou did not liet | |
| ■ No | ther personal and | a nousenoid item | ns you did not a | aneady list, including any near | i alus you ulu ilot iist | |
| ☐ Yes. | . Give specific info | ormation | | | | |
| | | | | | | |
| | | | | , including any entries for page | s you have attached | \$2,175.00 |
| tor P | art 3. Write that r | number nere | | | | |
| Part 4: De | escribe Your Financ | oial Acceta | | | | |
| | | | interest in any | of the following? | | Current value of the |
| | | | | | | portion you own? Do not deduct secured |
| | | | | | | claims or exemptions. |
| 16. Cash | | | | | | |
| <i>Exam</i> □ No | ples: Money you h | nave in your wallet | et, in your home, i | in a safe deposit box, and on han | d when you file your petition | on |
| = | | | | | | |
| | | | | | | 4 |
| | | | | | Cash | \$5.00 |
| 17 Donos | sits of money | | | | | |
| | <i>ples:</i> Checking, sa | | | ; certificates of deposit; shares in | credit unions, brokerage h | ouses, and other similar |
| □ No | institutions. | If you have multip | ole accounts with | the same institution, list each. | | |
| | | | | Institution name: | | |
| | | | | | | |
| | | 17.1. | | Checking account with VI | ST Financial | \$1,500.00 |
| | | | | | | |
| | s, mutual funds, o | | | an firma, manay markat aggounts | | |
| ■ No | ipies. Bona lunas, | investment accou | unis with brokera | ge firms, money market accounts | • | |
| | | Institutio | on or issuer name | e: | | |
| 19. Non-n | ublicly traded sto | ock and interests | s in incorporate | ed and unincorporated business | ses. including an interes | t in an LLC, partnership, and |
| | venture | | oo. por ato | | ,aag an intolog | |
| ■ No | 0 | | | | | |
| ⊔ Yes. | . Give specific info | ormation about the | ern | | | |

Official Form 106A/B Schedule A/B: Property

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| Debtor 1 | Lauren M. Herring | | | Case number (if known) | 19-16298 |
|---------------------|--|------------------------------------|--|---------------------------|---|
| | Name of e | ntity: | | % of ownership: | |
| Neg | ernment and corporate bonds and otiable instruments include personal -negotiable instruments are those y | ll checks, cashiers' checks, pro | missory notes, and mo | ney orders. | |
| ☐ Ye | s. Give specific information about th Issuer nam | | | | |
| | rement or pension accounts mples: Interests in IRA, ERISA, Ked | ogh, 401(k), 403(b), thrift saving | s accounts, or other pe | ension or profit-sharing | plans |
| ■ Ye | s. List each account separately. Type of acco | unt: Institution r | name: | | |
| | Pension | | ry pension with cur Courts of Berks C | | \$0.00 |
| Youi <i>Exai</i> | urity deposits and prepayments r share of all unused deposits you hamples: Agreements with landlords, p | | | | nies, or others |
| ■ No □ Ye | S | Institution r | name or individual: | | |
| ■ No | uities (A contract for a periodic payors | | r life or for a number of | years) | |
| 26 U.: ■ No | | | | | |
| ■ No | | | g listed in line 1), and | d rights or powers exe | rcisable for your benefit |
| | s. Give specific information about t | | | | |
| <i>Exal</i> ■ No | | sites, proceeds from royalties a | | nts | |
| | s. Give specific information about t | | | | |
| | nses, franchises, and other gener mples: Building permits, exclusive li | | n holdings, liquor licen | ses, professional licenso | es |
| ☐ Ye | s. Give specific information about t | hem | | | |
| Money o | or property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | refunds owed to you s. Give specific information about the | nem including whether you also | ady filed the returns or | and the tax vector | |
| — re | s. Give specific information about the | ion, including whether you alle | ady med the returns at | id the tax years | |
| | | 2018 Tax Refund | | Federal | \$4,216.00 |
| | | | | - | |

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

■ No

Case 19-16298-mdc Doc 20 Filed 11/11/19 Entered 11/11/19 15:52:46 Page 5 of 21 Document Case number (if known) 19-16298 Debtor 1 Lauren M. Herring ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: term-life insurance with current \$0.00 employer 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$5,721.00 for Part 4. Write that number here...... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7.

Describe All Property You Own or Have an Interest in That You Did Not List Above

☐ Yes. Go to line 47.

Part 7:

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Debtor 1 Lauren M. Herring Case number (if known) 19-16298 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$152,030.70 Part 2: Total vehicles, line 5 \$2,500.00 Part 3: Total personal and household items, line 15 57. \$2,175.00 58. Part 4: Total financial assets, line 36 \$5,721.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Copy personal property total 62. Total personal property. Add lines 56 through 61... \$10,396.00 \$10,396.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$162,426.70

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this inform | | | | |
|---------------------|-------------------------|--------------------|----------------|------------|
| Debtor 1 | Lauren M. Herring | g | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | EASTERN DISTRICT O | F PENNSYLVANIA | |
| Case number | 19-16298 | | | |
| (if known) | | | | ☐ Check if |
| | | | | amende |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Claim as E | xempt | | | | | | | | | |
|------------------|--|---|-----------------------------------|---|------------------------------------|--|--|--|--|--|--|
| 1. | Which set of exemptions are you claiming | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | | | |
| | ☐ You are claiming state and federal nonban | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | | | |
| | ■ You are claiming federal exemptions. 11 t | J.S.C. § 522(b)(2) | | | | | | | | | |
| 2. | or any property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below. | | | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | | | | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | | | | |
| | 450 Wisteria Ave. Reading, PA 19606 | \$152,030.70 | | \$13,640.70 | 11 U.S.C. § 522(d)(1) | | | | | | |
| | Berks County Debtor purchased propert in May 2016 for \$142,000 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |
| | Current value - \$168,923.00 minus 10% COS = \$152,030.70 Line from <i>Schedule A/B</i> : 1.1 | | | | | | | | | | |
| | 2011 Toyota Camry 120,000 miles Line from Schedule A/B: 3.1 | \$2,500.00 | | \$2,500.00 | 11 U.S.C. § 522(d)(2) | | | | | | |
| Line from Schedu | Line from Scriedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |
| | household goods Line from Schedule A/B: 6.1 | \$1,500.00 | | \$1,500.00 | 11 U.S.C. § 522(d)(3) | | | | | | |
| | Line Hom Schedule AVB. 0.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |
| | electronics | \$300.00 | | \$300.00 | 11 U.S.C. § 522(d)(3) | | | | | | |
| | Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | | |

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| \$300.00 Current value of the portion you own Copy the value from Schedule A/B \$300.00 \$75.00 \$1,500.00 | | \$300.00 100% of fair market value, up to any applicable statutory limit \$5.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(4) 11 U.S.C. § 522(d)(5) |
|---|--|--|---|
| \$300.00 \$75.00 | | \$300.00 100% of fair market value, up to any applicable statutory limit \$75.00 100% of fair market value, up to any applicable statutory limit \$5.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(4) 11 U.S.C. § 522(d)(5) |
| \$75.00 \$5.00 | | 100% of fair market value, up to any applicable statutory limit \$75.00 100% of fair market value, up to any applicable statutory limit \$5.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(4) 11 U.S.C. § 522(d)(5) |
| \$5.00 | | \$75.00 100% of fair market value, up to any applicable statutory limit \$5.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| \$5.00 | | 100% of fair market value, up to any applicable statutory limit \$5.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| | | \$5.00 100% of fair market value, up to any applicable statutory limit | |
| | • | 100% of fair market value, up to any applicable statutory limit | |
| \$1,500.00 | • | any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| \$1,500.00 | | \$1,500.00 | 11 U.S.C. § 522(d)(5) |
| | | | |
| | | 100% of fair market value, up to any applicable statutory limit | |
| ith \$0.00 urts of | | \$0.00 | 11 U.S.C. § 522(d)(10)(E) |
| JI 15 01 ———— | | 100% of fair market value, up to any applicable statutory limit | |
| \$4,216.00 | | \$4,216.00 | 11 U.S.C. § 522(d)(5) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$0.00 | | \$0.00 | 11 U.S.C. § 522(d)(7) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| | \$0.00 nption of more than \$170,35 | \$0.00 | \$0.00 In the statutory limit is any applicable statutory limit is any appl |

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| | | | Document | Page 9 | of 21 | | |
|------------------|-----------------------------------|--------------------------|---|---------------------|--|--|--------------------------|
| Fill i | n this inform | ation to identify you | ır case: | | | | |
| Debt | tor 1 | Lauren M. Herri | ng | | | | |
| | | First Name | Middle Name | Last Name | | | |
| Debt | tor 2 se if, filing) | First Name | Middle Name | Last Name | | - | |
| | | | | | | | |
| Unite | ed States Ban | kruptcy Court for the: | EASTERN DISTRICT OF PENN | ISYLVANIA | | | |
| Case | e number 1 | 9-16298 | | | | | |
| (if kno | wn) | | | | | _ | if this is an |
| | | | | | | ameno | led filing |
| Offi | cial Form | 106D | | | | | |
| | | | Who Have Claims S | Sacurac | hy Propert | V | 12/15 |
| <u> </u> | iedule i | D. Creditors | Wild Have Claims | Jecui ec | by Fropert | <u>y</u> | 12/13 |
| is nee | | | If two married people are filing togethe out, number the entries, and attach it to | | | | |
| 1. Do | any creditors h | nave claims secured by | y your property? | | | | |
| [| ☐ No. Check | this box and submit tl | his form to the court with your other s | schedules. Yo | ou have nothing else t | o report on this form. | |
| ı | Yes. Fill in | all of the information | below. | | | | |
| Part | 1: List All | Secured Claims | | | | | |
| | | | more than one secured claim, list the cred | litor senarately | Column A | Column B | Column C |
| for ea | ach claim. If mo | re than one creditor has | a particular claim, list the other creditors cal order according to the creditor's name | in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 | Pa Housing | g Finance Age | Describe the property that secures the | he claim: | \$134,379.00 | \$152,030.70 | \$0.00 |
| | Creditor's Name | | 450 Wisteria Ave. Reading, P 19606 Berks County Debtor purchased propert in 2016 for \$142,000 | | | | |
| | | | Current value - \$168,923.00 n 10% COS = \$152,030.70 | ninus | | | |
| | 2101 N Fro | | As of the date you file, the claim is: Capply. | Check all that | | | |
| | | j, PA 17105 | Contingent | | | | |
| | Number, Street, (| City, State & Zip Code | ☐ Unliquidated☐ Disputed | | | | |
| Who | owes the deb | ot? Check one. | Nature of lien. Check all that apply. | | | | |
| | ebtor 1 only ebtor 2 only | | ☐ An agreement you made (such as m car loan) | nortgage or sec | ured | | |
| | ebtor 1 and Deb | otor 2 only | ☐ Statutory lien (such as tax lien, med | hanic's lien) | | | |
| □ A ¹ | t least one of the | e debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| | heck if this cla community deb | | Other (including a right to offset) | Mortgage | | | |

Last 4 digits of account number

4521

Opened 05/16 Last Active

Date debt was incurred 8/07/19

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| Debtor 1 Lauren M. Herring | | Case number (if known) 19-16298 | | | |
|--|--|---------------------------------|--------------|--------|--|
| First Name N | liddle Name Last Name | | | | |
| 2.2 Pa Housing Finance Ag | Describe the property that secures the claim: | \$4,011.00 | \$152,030.70 | \$0.00 | |
| Creditor's Name | 450 Wisteria Ave. Reading, PA 19606 Berks County Debtor purchased propert in May 2016 for \$142,000 | | | | |
| | Current value - \$168,923.00 minus 10% COS = \$152,030.70 | | | | |
| 2101 N Front St Harrisburg, PA 17105 | As of the date you file, the claim is: Check all the apply. Contingent | aat | | | |
| Number, Street, City, State & Zip Coo | | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ An agreement you made (such as mortgage car loan) | or secured | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lie | en) | | | |
| ☐ At least one of the debtors and and | <u> </u> | , | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | | |
| Opened 05/16 L Active Date debt was incurred 8/08/19 | ast | 103 | | | |
| | | | | | |
| Add the dollar value of your entries | es in Column A on this page. Write that number here: | \$138,390 | 0.00 | | |
| If this is the last page of your form Write that number here: | n, add the dollar value totals from all pages. | \$138,390 | 0.00 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | | Docun | nent Page 11 | L of 21 | | |
|--------------------------------|--|--|--|--|--|---|-----------------------------------|
| Fill in | this inform | nation to identify your ca | se: | | | | |
| Debto | r 1 | Lauren M. Herring | | | | | |
| | | First Name | Middle Name | Last Name | | | |
| Debto | | E: AN | A.C. I. II. A.I. | | | | |
| (Spouse | e if, filing) | First Name | Middle Name | Last Name | | | |
| United | d States Bar | nkruptcy Court for the: | EASTERN DISTRIC | T OF PENNSYLVANIA | | | |
| Case | number 1 | 19-16298 | | | | | |
| (if knowr | n) | | | | | ☐ Check | if this is an |
| | | | | | | ameno | ded filing |
| Offic | ial Form | n 106E/F | | | | | |
| | | /F: Creditors Wh | o Have IInse | cured Claims | | | 12/15 |
| | | | | | Part 2 for creditors with NON | JPPIOPITY claims I | |
| Schedu Schedu left. Atta | ile G: Execut ile D: Credito ach the Con | tory Contracts and Unexpire ors Who Have Claims Secur | d Leases (Official For ed by Property. If mor | m 106G). Do not include e space is needed, copy | contracts on Schedule A/B: I any creditors with partially s the Part you need, fill it out, do not file that Part. On the t | secured claims that a number the entries i | are listed in in the boxes on the |
| Part 1 | : List Al | l of Your PRIORITY Unse | ecured Claims | | | | |
| 1. Do | any credito | rs have priority unsecured of | claims against you? | | | | |
| | No. Go to Pa | art 2. | | | | | |
| | Yes. | | | | | | |
| Part 2 | List Al | l of Your NONPRIORITY | Unsecured Claims | | | | |
| 3. Do | any credito | rs have nonpriority unsecu | ed claims against you | 1? | | | |
| | No. You hav | ve nothing to report in this part | . Submit this form to the | e court with your other sche | edules. | | |
| | Yes. | | | | | | |
| un: tha | secured clain | n, list the creditor separately for | or each claim. For each | claim listed, identify what t | b holds each claim. If a credit type of claim it is. Do not list cl three nonpriority unsecured c | aims already included | in Part 1. If more |
| | | | | | | Tota | al claim |
| 4.1 | Bank Of | f America | Last 4 di | gits of account number | 4428 | | \$1,964.00 |
| | Nonpriority | Creditor's Name | | | Onened 10/14 Leet | Activo | |
| | Ро Вох | 982238 | When wa | as the debt incurred? | Opened 10/14 Last / 2/22/17 | Active | |
| | | , TX 79998 | | | | | |
| | | rreet City State Zip Code rred the debt? Check one. | As of the | e date you file, the claim i | is: Check all that apply | | |
| | Debtor | | ☐ Conti | | | | |
| | ☐ Debtor | • | ☐ Unliq | _ | | | |
| | | 1 and Debtor 2 only | | | | | |
| | | t one of the debtors and anoth | | nea NONPRIORITY unsecure | d claim: | | |
| | | if this claim is for a commu | ~ | | | | |
| | debt | ii iiiis ciaiiii is itii a CUMMU | | ations arising out of a sepa | ration agreement or divorce th | nat you did not | |
| | Is the clair | m subject to offset? | report as | priority claims | | | |
| | No | | | | g plans, and other similar deb | ts | |
| | ☐ Yes | | ■ Other | Specify Credit Card | I | | |
| | | | | | | | |

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Case number (if known) 19-16298

| Deptor | Lauren M. Herring | | Case number (if known) 19-16298 | |
|--------|--|--|---|------------|
| 4.2 | Citicards Cbna | Last 4 digits of account number | 4489 | \$2,996.00 |
| | Nonpriority Creditor's Name Po Box 6217 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 01/17 Last Active 5/16/17 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card | | |
| 4.3 | Discover Fin Svcs Llc | Last 4 digits of account number | 4427 | \$4,843.00 |
| | Nonpriority Creditor's Name Pob 15316 Wilmington, DE 19850 | When was the debt incurred? | Opened 05/12 Last Active 12/20/17 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | d claim: aration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | 1 | |
| 4.4 | Jpmcb Card Nonpriority Creditor's Name | Last 4 digits of account number | 9089 | \$3,188.00 |
| | Po Box 15369 Wilmington, DE 19850 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim | Opened 10/14 Last Active 4/09/17 is: Check all that apply | |
| | Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing | aration agreement or divorce that you did not | |
| | □Yes | ■ Other Specify Credit Card | - ' | |

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| Debto | or 1 Lauren M. Herring | | Case number (if known) 19-16298 | |
|-------|--|---|---|-------------|
| 4.5 | Onemain Nonpriority Creditor's Name | Last 4 digits of account number | 2091 | \$11,176.00 |
| | Po Box 1010 Evansville, IN 47706 | When was the debt incurred? | Opened 07/16 Last Active 4/18/17 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is | S: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separations. | claim: ration agreement or divorce that you did not | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Note Loan | ·· · | |
| 4.6 | Portfolio Recov Assoc | Last 4 digits of account number | 3662 | \$1,618.00 |
| | Nonpriority Creditor's Name 120 Corporate Blvd Ste 100 Norfolk, VA 23502 | When was the debt incurred? | Opened 12/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | ■ Other. Specify Bank | ompany Account Synchrony | |
| 4.7 | Portfolio Recov Assoc Nonpriority Creditor's Name | Last 4 digits of account number | 7094 | \$1,270.00 |
| | 120 Corporate Blvd Ste 100 Norfolk, VA 23502 | When was the debt incurred? | Opened 10/17 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separ report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Factoring C Other. Specify Bank | ompany Account Synchrony | |

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| Debtor | 1 Lauren M | l. Herring | | _ | Case nu | mber (if known) | 19-16298 | |
|-------------------------------|--|--|--|--------------------------------------|-----------------|----------------------|-----------------------|------------------------|
| 4.8 | Portfolio Re | | Last 4 digits of acc | ount number | 3439 | | _ | \$1,144.00 |
| | Nonpriority Cred 120 Corpora Norfolk, VA | ate Blvd Ste 100 | When was the deb | t incurred? | Open | ed 11/17 | | |
| | Number Street | City State Zip Code the debt? Check one. | As of the date you | file, the claim i | s: Check | all that apply | | |
| | ■ Debtor 1 onl | | ☐ Contingent | | | | | |
| | Debtor 2 onl | • | ☐ Unliquidated | | | | | |
| | Debtor 1 and | • | ☐ Disputed | | | | | |
| | _ | of the debtors and another | Type of NONPRIOR | RITY unsecured | d claim: | | | |
| | | is claim is for a community | ☐ Student loans | | | | | |
| | debt | bject to offset? | Obligations arising report as priority claim | | ration agr | eement or divorce | e that you did not | |
| | ■ No | • | ☐ Debts to pension | | g plans, a | and other similar d | ebts | |
| | ☐ Yes | | . | • | | ny Account S | | |
| 4.9 | Portfolio Re | | Last 4 digits of acc | ount number | 2207 | | _ | \$791.00 |
| | Nonpriority Cred 120 Corpora Norfolk, VA | ate Blvd Ste 100 | When was the deb | t incurred? | Open | ed 07/18 | | |
| | Number Street | City State Zip Code the debt? Check one. | As of the date you | file, the claim i | s: Check | all that apply | | |
| | ■ Debtor 1 onl | | ☐ Contingent | | | | | |
| | _ | • | Unliquidated | | | | | |
| | Debtor 2 onl | • | _ ' | | | | | |
| | Debtor 1 and | • | ☐ Disputed Type of NONPRIOF | RITY unsecured | d claim: | | | |
| | | of the debtors and another | ☐ Student loans | an r unoccuro | . 0.0 | | | |
| | debt | is claim is for a community | Obligations arisin | | ration agr | reement or divorce | e that you did not | |
| | ■ No | | ☐ Debts to pension | | g plans, a | and other similar d | ebts | |
| | □ Yes | | Other. Specify | Factoring C Financial N | ompar etwork | ny Account W Bank | /orld | |
| | | | | | | | | |
| is tryir have n notifie | is page only if y ng to collect fro nore than one c d for any debts | s to Be Notified About a Debt you have others to be notified about my you for a debt you owe to some creditor for any of the debts that you in Parts 1 or 2, do not fill out or so | out your bankruptcy, fo eone else, list the orig /ou listed in Parts 1 or submit this page. | or a debt that y inal creditor in | Parts 1 o | or 2, then list the | collection agency he | ere. Similarly, if you |
| Part 4: | | mounts for Each Type of Uns | | | | | | |
| | he amounts of f unsecured cla | certain types of unsecured claim nim. | s. This information is f | or statistical re | eporting | purposes only. 2 | 8 U.S.C. §159. Add th | ne amounts for each |
| ٠. | | | | | | Tota | I Claim | |
| | 6a. | Domestic support obligations | | | 6a. | \$ | 0.00 | |
| cla | otal nims | | | | | | | |
| from Pa | art 1 6b. 6c. | Taxes and certain other debts y Claims for death or personal in | | | 6b. 6c. | \$ | 0.00 | |
| | 6d. | Other. Add all other priority unsec | | | 6d. | \$ | 0.00 | |
| | | | | | - | Ť | 3.00 | |
| | 6e. | Total Priority. Add lines 6a throu | gh 6d. | | 6e. | \$ | 0.00 | |
| | | | | | | Tota | I Claim | |
| | 6f. otal aims | Student loans | | | 6f. | \$ | 0.00 | |

from Part 2

6g.

6h.

Obligations arising out of a separation agreement or divorce that

Debts to pension or profit-sharing plans, and other similar debts

you did not report as priority claims

6h.

0.00

0.00

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Debtor 1 Lauren M. Herring Case number (if known) 19-16298

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ 28,990.00

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| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|--------------------|----------------|-----------------------------------|
| Debtor 1 | Lauren M. Herrin | g | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT O | F PENNSYLVANIA | |
| Case number | 19-16298 | | | |
| (if known) | | | | ☐ Check if this is amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| F | Person or | company with Name, Number | whom you have th r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|--|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | <u> </u> | | <u> </u> | 2 0000 | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 2.5 | - Ay | | Ciaio | 211 0000 | |
| - | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |

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| | | Docum | ent Page 17 of | 21 | |
|------------------------------|--|---------------------------|------------------------------|-------------------------|---|
| Fill in this | information to identify your ca | ise: | | | |
| Debtor 1 | Lauren M. Herring | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fili | ng) First Name | Middle Name | Last Name | | |
| (Spouse II, IIII | ng) Filst Name | | | | |
| United Sta | ates Bankruptcy Court for the: | EASTERN DISTRICT | OF PENNSYLVANIA | | |
| Case num | ber 19-16298 | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Officia | l Form 106H | | | | |
| | | h4a#a | | | |
| Sched | lule H: Your Code | Dtors | | | 12/15 |
| your name | and number the entries in the be and case number (if known). A you have any codebtors? (If you | Answer every questic | on. | | of any Additional Pages, write |
| ■ No | | | | | |
| ■ No | | | | | |
| | | | | | |
| | hin the last 8 years, have you I na, California, Idaho, Louisiana, N | | | | states and territories include |
| Alizoi | ia, Camornia, Idano, Eduisiana, i | icvada, rvew ivicxico, i | ucito itico, rexas, vvasilii | igion, and wisconsin.) | |
| ■ No. | . Go to line 3. | | | | |
| ☐ Yes | s. Did your spouse, former spous | e, or legal equivalent li | ve with you at the time? | | |
| in line Form | e 2 again as a codebtor only if t | hat person is a guara | antor or cosigner. Make s | ure you have listed the | with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor | | | | itor to whom you owe the debt |
| | Name, Number, Street, City, State and ZIP | Jode | | Check all schedules | that apply: |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | e |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | - | |
| | City | State | ZIP Code | | |
| | | | | | |
| 3.2 | Namo | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| _ | | | | ☐ Schedule G, line | |
| - | Number Street City | State | ZIP Code | | |
| | ~··, | | _ O000 | | |

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| Fill | in this information to identify your ca | ase. | | | | | | | | | |
|------------------|--|-------------------------------|----------------------------------|-------------------------|--------------|-----------------|---------------------|--------------------------|---|-----------------------------------|-----------------|
| | otor 1 Lauren M. H | | | | | | | | | | |
| | otor 2 use, if filing) | | | | | | | | | | |
| Uni | ted States Bankruptcy Court for the | : EASTERN DISTRICT | OF PENNSYL | _VANIA | | | | | | | |
| Of So | fficial Form 1061 chedule I: Your Inco | | | | | | | 13 income | ed filing ent showin as of the fo | ng postpetition ollowing date: | 12/15 |
| sup | s complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. | are married and not filing wi | ng jointly, and th you, do no | l your spo t include | use infor | is liv matic | ing with on abou | n you, inc It your sp | lude inforr ouse. If m | nation about ore space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | | Debtor | 2 or non-fi | iling spouse | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | ■ Employe | | | | | □ Emp | loyed | | |
| | Include part-time, seasonal, or self-employed work. | Occupation Employer's name | Data Analy | | k of | Cou | rts | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | County Co Reading, I | | | | | | | | |
| | | How long employed ti | here? 1 | 3 years | | | | | | | |
| | t 2: Give Details About Mor mate monthly income as of the da use unless you are separated. | • | you have nothi | ng to repo | rt for | any l | ine, writ | e \$0 in the | e space. Inc | clude your nor | n-filing |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the info | ormation fo | r all e | emplo | yers for | that pers | on on the li | ines below. If y | ou need |
| | | | | | | | For De | btor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | | 2. | \$ | 3 | 3,215.59 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | | 4. | \$ | 3,2 | 15.59 | \$ | N/A | |

Official Form 106I Schedule I: Your Income page 1

| Debt | or 1 | Lauren M. Herring | _ | Ca | ase number (<i>if ki</i> | nown) | 19-16 | 298 | | |
|---------|--------------|---|------------|-------|---------------------------|--------------|-----------|---------|------------|--|
| | | | | | | | | | | |
| | | | | F | For Debtor 1 | | | ebtor | | |
| | C | ur line 4 have | 4 | _ | 2 24 | | non-t | iling s | pouse | _ |
| | Cop | y line 4 here | 4. | 1 | 3,21 | 0.09 | Φ | | N/A | <u>.</u> |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | | 3.88 | \$ | | N/A | _ |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | | 0.78 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | | 0.00 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | | | 0.00 | \$ | | N/A | _ |
| | 5e. | Insurance | 5e. | | | 7.96 | \$ | | N/A | _ |
| | 5f. 5g. | Domestic support obligations Union dues | 5f. 5g. | | | 0.00 | \$ | | N/A N/A | |
| | 5h. | Other deductions. Specify: parking | 5g. 5h. | | | 3.23 5.66 | + \$ | | N/A | _ |
| 6 | | | _ | | · | | · : | | | _ |
| 6. - | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. - | \$ | | | \$ | | N/A | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,119 | 9.08 | \$ | | N/A | <u> </u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, | | | | | | | | |
| | oa. | profession, or farm | | | | | | | | |
| | | Attach a statement for each property and business showing gross | | | | | | | | |
| | | receipts, ordinary and necessary business expenses, and the total | 0 - | | | | Φ. | | | |
| | 8b. | monthly net income. Interest and dividends | 8a. 8b. | | | 0.00 | \$ | | N/A N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent | | . 4 | | J.UU | Ψ | | IN/A | <u>. </u> |
| | oc. | regularly receive | | | | | | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce | | | | | | | | |
| | | settlement, and property settlement. | 8c. | | | 0.00 | \$ | | N/A | _ |
| | 8d. | Unemployment compensation | 8d. | | · | 0.00 | \$ | | N/A | _ |
| | 8e. | Social Security | 8e. | . 9 | | 0.00 | \$ | | N/A | <u>. </u> |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance | <u> </u> | | | | | | | |
| | | that you receive, such as food stamps (benefits under the Supplemental | | | | | | | | |
| | | Nutrition Assistance Program) or housing subsidies. | | | | | • | | | |
| | 0 | Specify: | _ 8f. | | | 0.00 | \$ | | N/A | _ |
| | 8g. 8h. | Pension or retirement income Other mentally income Specific contribution from housing designs. | 8g. 8h. | | · | 0.00 | + \$ | | N/A | _ |
| | OII. | Other monthly income. Specify: contribution from boyfriend | _ 011. | | 1,000 | J.UU | ΤΨ | | N/A | <u></u> |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 1,000 | 0.00 | \$ | | N/A | A |
| 40 | | | [| • | | | | | | |
| 10. | | • | 10. | \$ | 3,119.08 | + \$ | | N/A | = \$ _ | 3,119.08 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | . L | | | _ | | | | |
| 11. | | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your | | ndei | nts vour room | mate | s and | | | |
| | | er friends or relatives. | чоро | | nto, your room | miato | o, and | | | |
| | | not include any amounts already included in lines 2-10 or amounts that are not | availa | able | to pay expens | es lis | ted in Sc | | | |
| | Spe | cify: | | | | | | 11. | +\$ | 0.00 |
| 12. | Add | I the amount in the last column of line 10 to the amount in line 11. The res | ult is | the (| combined mor | nthly i | ncome | | | |
| | | e that amount on the Summary of Schedules and Statistical Summary of Certa | | | | | | | | 0.440.00 |
| | app | lies | | | | | | 12. | \$ | 3,119.08 |
| | | | | | | | | ı | Combi | |
| 10 | D- | ven evenet en inerese en desvese vittig the man effective (the first | 2 | | | | | | month | ly income |
| 13. | יסט <u>י</u> | you expect an increase or decrease within the year after you file this form | ſ | | | | | | | |
| | | No. | | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

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| Fill | in this informs | ation to identify y | our case. | | | l | | |
|--------|--------------------------------|---------------------------------------|----------------|---|--|-------------|--------------------------------------|-------------------------------|
| | otor 1 | | | | | O.h. | and if their in | |
| Dep | ntor i | Lauren M. H | erring | | | | eck if this is: An amended filing | |
| | otor 2 | | | | | | | wing postpetition chapter |
| (Spo | ouse, if filing) | | | | | | 13 expenses as of | the following date: |
| Unit | ed States Bank | ruptcy Court for the | : EASTE | RN DISTRICT OF PENNS | YLVANIA | | MM / DD / YYYY | |
| Cas | e number 1 | 9-16298 | | | | | | |
| (If kı | nown) | | | | | | | |
| | fficial Fa | nno 106 l | | | | • | | |
| | | orm 106J | Evnor | | | | | |
| | | J: Your | | ISES . If two married people ar | e filing together. b | oth are ed | ually responsible f | 12/15 or supplying correct |
| info | ormation. If m | | eded, atta | ch another sheet to this | | | | |
| Par | | ribe Your House | ehold | | | | | |
| 1. | Is this a joi | | | | | | | |
| | ■ No. Go to | o line 2. es Debtor 2 live | in a senar | ate household? | | | | |
| | | | ш а эсраг | ate nousenoid: | | | | |
| | | | st file Offici | al Form 106J-2, Expenses | for Separate House | ehold of De | ebtor 2. | |
| 2. | Do you hav | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | | | | Daughter | | 8 months | Yes |
| | | | | | Doughton | | 4 | □ No |
| | | | | | Daughter | | 4 | ■ Yes □ No |
| | | | | | Daughter | | 5 | ■ Yes |
| | | | | | | | <u> </u> | □ No |
| _ | _ | | | | | | | ☐ Yes |
| 3. | | penses include of people other t | han _ | No | | | | |
| | yourself an | d your depende | ents? ⊔ | Yes | | | | |
| Par | | nate Your Ongoi | | | | | | |
| exp | | a date after the | | uptcy filing date unless y y is filed. If this is a supp | | | | |
| | | | | government assistance i | | | | |
| | value of suc ficial Form 10 | | d have inc | cluded it on Schedule I: \ | our Income | | Your exp | enses |
| (0 | | JOI., | | | | | | |
| 4. | | or home owners nd any rent for th | | ses for your residence. In triot. | nclude first mortgag | e 4. | \$ | 1,071.00 |
| | If not include | ded in line 4: | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | 0.00 |
| | | erty, homeowner | | | | 4b. | · | 0.00 |
| | | e maintenance, re eowner's associa | | ıpkeep expenses dominium dues | | 4c. 4d. | · | 0.00 0.00 |
| 5. | | | | our residence, such as ho | me equity loans | 5. | | 48.00 |

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| Debtor 1 _L | auren M. Herring | Case num | ber (if known) | 19-16298 |
|----------------------------|--|----------|----------------|-------------------------------|
| 6. Utilities | : | | | |
| 6a. E | ectricity, heat, natural gas | 6a. | \$ | 150.00 |
| 6b. W | ater, sewer, garbage collection | 6b. | \$ | 100.00 |
| 6c. To | elephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 200.00 |
| 6d. O | ther. Specify: | 6d. | \$ | 0.00 |
| . Food ar | nd housekeeping supplies | | \$ | 500.00 |
| . Childca | re and children's education costs | 8. | \$ | 800.00 |
| . Clothin | g, laundry, and dry cleaning | 9. | \$ | 0.00 |
| 0. Persona | al care products and services | 10. | \$ | 50.00 |
| 1. Medical | and dental expenses | 11. | \$ | 0.00 |
| 2. Transpo | ortation. Include gas, maintenance, bus or train fare. | | | |
| | nclude car payments. | 12. | \$ | 200.00 |
| Entertai | nment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 4. Charital | ole contributions and religious donations | 14. | \$ | 0.00 |
| 5. Insuran | ce. | | | |
| Do not i | nclude insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Li | fe insurance | 15a. | \$ | 0.00 |
| 15b. H | ealth insurance | 15b. | \$ | 0.00 |
| | ehicle insurance | 15c. | \$ | 68.00 |
| 15d. O | ther insurance. Specify: | 15d. | \$ | 0.00 |
| | Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Specify: | , , , | 16. | \$ | 0.00 |
| 7. Installm | ent or lease payments: | | | |
| 17a. C | ar payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b. C | ar payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. O | ther. Specify: | 17c. | \$ | 0.00 |
| 17d. O | ther. Specify: | 17d. | \$ | 0.00 |
| 8. Your pa | yments of alimony, maintenance, and support that you did not report as | | | |
| | d from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| Other p | ayments you make to support others who do not live with you. | | \$ | 0.00 |
| Specify: | | 19. | | |
| | eal property expenses not included in lines 4 or 5 of this form or on Sche | | | |
| 20a. M | ortgages on other property | 20a. | | 0.00 |
| 20b. R | eal estate taxes | 20b. | \$ | 0.00 |
| 20c. P | roperty, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. M | aintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. H | omeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 1. Other: S | Specify: | 21. | +\$ | 0.00 |
| | | | | |
| | te your monthly expenses | | | |
| | d lines 4 through 21. | | \$ | 3,187.00 |
| 22b. Co | by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. Add | d line 22a and 22b. The result is your monthly expenses. | | \$ | 3,187.00 |
| | | | | , |
| | te your monthly net income. | | • | |
| | opy line 12 (your combined monthly income) from Schedule I. | 23a. | · | 3,119.08 |
| 23b. C | opy your monthly expenses from line 22c above. | 23b. | -\$ | 3,187.00 |
| | | | | |
| | ubtract your monthly expenses from your monthly income. | 23c. | \$ | -67.92 |
| TI | ne result is your monthly net income. | 230. | Ψ | 01.02 |
| For exam | expect an increase or decrease in your expenses within the year after yo ple, do you expect to finish paying for your car loan within the year or do you expect your on to the terms of your mortgage? | | | ease or decrease because of a |
| | Evalois horo | | | |
| ☐ Yes. | Explain here: | | | |